The Beech St Center and Belmont Recreation Staff

working together to offer a

Belly Dancing Class

Thursdays March 24, 31 April 7, 28 May 5,12,19,26

Time: 6:30 pm to 7:30 pm

Location: The Beech Street Center
266 Beech Street, Belmont
Cost $75.00

Please make checks payable to The Town of Belmont
You can mail registration form to
The Recreation Department
PO Box 56
Belmont, MA 02478

Learn the basics of this ancient art form while getting a great workout for the entire body. We will begin with isolation exercises for various areas of the body including neck, shoulders, rib cage, abdominals, and hips then learn to coordinate moves. These movements are excellent for toning muscles while loosening and lengthening the spine. Emphasis is on having fun while learning a fantastic way to move and shape up.

Belly Dancing Registration Form

Name: _____

Address:_____

Email:_____

Phone:_____

Alt number:_____

Medical/Allergies Concerns:_____

Belmont Recreation Waiver of Liability

Each parent/guardian of a participant must agree, either by signature or electronically upon registration, to waive the Town of Belmont from liability by accepting these terms:

I, the undersigned, parent/guardian of _____, a minor, or myself as a participant, do hereby consent to my/ his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

_____
Name of participant   Date

_____
Signature of participant (or legal guardian if under 18 years of age)   Date